

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011705

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1990

FILED APR 12 1963

1. PLACE OF DEATH

a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
58yrs

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Queen of World

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1816 Cleveland

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Allie Middle Mae Last Johnson

4. DATE OF DEATH
Month 3- Day 29- Year 63

5. SEX
Female

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH 8-30-1904

9. AGE (last birthday) 58
IF UNDER 1 YEAR: Months 5 Days 8
IF UNDER 24 HR: Hours 58 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laundress

10b. KIND OF BUSINESS OR INDUSTRY
City Laundry

11. BIRTHPLACE (City and state or country)
Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
unknown

13b. MOTHER'S MAIDEN NAME
Mary I. Richardson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Dorothy Carter Address 1816 Cleveland

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Right Cerebral Hemorrhage with Left Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 11 a.m. 30 p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 28, 1963 to March 29, 1963 and last saw her alive on March 29, 1963
Death occurred at 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Spence P. McDonald M.D.

22b. ADDRESS
2604 Prospect Avenue

22c. DATE SIGNED
3/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
4-4-63

23c. NAME OF CEMETERY OR CREMATORY
Highland Cem.

23d. LOCATION (City, town, or county) (State)
Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS
Watkins Bros. Funeral Home 18th Benton

25. DATE RECD. BY LOCAL REG.
3-30-63

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Spence P. McDonald

DATE AMENDED

VS 300
Rev. 4/59

1

23 338

3

4 3

5 3

6

7 0

8 2

9 331 X

10

11

12 63-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P.O. Address 1842 Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.